

Please Print

APPLICATION FOR: _____ PRIMARY TRAINER _____ ASSISTANT TRAINER

TYPE OF COURSE : _____ CIVIL (Basic 40-hour) _____ DOMESTIC (Basic 40-hour)

 _____ CROSSOVER FROM FAMILY TO CIVIL

 _____ ADVANCED CIVIL _____ ADVANCED FAMILY

PROFESSIONAL LICENSES HELD			
TYPE	STATE ISSUED	LICENSE NUMBER	CURRENT STATUS

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If yes, please explain the outcome and give the current status _____

MEDIATION EXPERIENCE

A. TOTAL NUMBER OF COURT SANCTION MEDIATIONS _____

B. TOTAL NUMBER OF COURT SANCTION MEDIATIONS CONDUCTED WITHIN THE PREVIOUS 12 MONTHS _____

MEDIATION TRAINING EXPERIENCE (optional)		
PROVIDER/LOCATION DATE	TYPE	**CAPACITY

Capacity = e.g. primary trainer, assistant trainer, expert

MEDIATION TRAINING RECEIVED (optional)		
PROVIDER/LOCATION	TYPE	DATE COMPLETED

Are any of the above courses recognized by any state as approved for training court-sanctioned mediation?
If yes, please specify the state and course _____

I request the Continuing Legal Education Commission share this information with Continuing Legal Education

Providers Yes _____ No _____

I affirm under penalties of perjury that the foregoing is true to the best of my knowledge.

Signature

Date

OFFICE USE ONLY	
DATE RECEIVED BY COMMISSION _____	
<input type="checkbox"/> Further information needed	
<input type="checkbox"/> Refer to meeting	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
DATE ACKNOWLEDGEMENT LETTER SENT	INITIALS